



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 8082

<b>SERIAL NUMBER</b> 09/980,145	<b>FILING OR 371(c) DATE</b> 04/12/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 59338-B-PCT-US/JPW/FHB
<b>APPLICANTS</b> Beth E Borowsky, Montclair, NJ; Kristine L Ogozalek, Rochelle Park, NJ; Kenneth A Jones, Belmont, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/14654 05/26/2000 which is a CIP of 09/413,433 10/06/1999 ABN which is a CIP of 09/322,257 05/28/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 04/08/2005				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 45821				
<b>TITLE</b> Dna encoding snorf33 receptor				
<b>FILING FEE RECEIVED</b> 564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8082

<b>SERIAL NUMBER</b> 09/980,145	<b>FILING OR 371(c) DATE</b> 04/12/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 59338-B-PCT-US/JPW/FHB						
<b>APPLICANTS</b> Beth E Borowsky, Montclair, NJ; Kristine L Ogozalek, Rochelle Park, NJ; Kenneth A Jones, Belmont, MA; <i>FH 07/6/05</i>										
<b>** CONTINUING DATA **</b> This application is a 371 of PCT/US00/14654 05/26/2000, which is a CIP of 09/322,257 05/28/1999 ABN, <i>which is a CIP of 09/413,433 Filed October 6, 1999,</i> <b>** FOREIGN APPLICATIONS **</b> <i>None FH 07/6/05</i> <b>** SMALL ENTITY **</b>										
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>FH 07/6/05 FH</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> <del>8</del> 22	<b>INDEPENDENT CLAIMS</b> 1						
<b>ADDRESS</b> 45821										
<b>TITLE</b> Dna encoding snorf33 receptor										
<b>FILING FEE RECEIVED</b> 564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										